



REGISTRY OF ELECTION FINANCE  
404 JAMES ROBERTSON PARKWAY, SUITE 1614  
NASHVILLE, TN 37243-1360  
(615) 741-7959

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

## For Single-Candidate Committees

1. DATE OF REPORT <b>JUNE 13, 1994</b>		2.A. NAME OF CANDIDATE OR COMMITTEE <b>W.F. (Bill) KNOWLES</b>	
2.B. IF COMMITTEE, NAME OF CANDIDATE _____		3. ELECTION DATE <b>AUGUST 4, 1994</b>	
4.A. CAMPAIGN ADDRESS <small>Street or Rural Route</small> <b>1516 N. CONCORD RD</b> <small>City</small> <b>CHATTA.</b> <small>State</small> <b>TN.</b> <small>Zip Code</small> <b>37421</b> <small>Phone</small> <b>615/899-6437</b>			
4.B. CANDIDATE'S HOME ADDRESS (if different than 4.A.) <small>Street or Rural Route</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____ <small>Phone</small> _____			
5. OFFICE SOUGHT (include district no., if applicable) <b>HAMILTON COUNTY CLERK</b>		6. NAME OF POLITICAL TREASURER (may be candidate) <b>W.F. (Bill) KNOWLES</b>	
7. CATEGORY OF REPORT PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED <input type="checkbox"/>			
8.A. BEGINNING DATE OF REPORTING PERIOD <b>APRIL 24, 1994</b>		8.B. ENDING DATE OF REPORTING PERIOD <b>JUNE 14, 1994</b>	
9. (Check one) A. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e., and 12f.) B. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by political candidates/campaign by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <b>W.F. (Bill) Knowles 6/10/94</b>  <small>signature of candidate</small>      <small>date</small> </div> <div style="text-align: center;"> <b>W.F. (Bill) Knowles 6/10/94</b>  <small>signature of political treasurer</small>      <small>date</small> </div> </div>			
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u> AND THE STATE OF <u>Tennessee</u> THIS <u>10<sup>th</sup></u> DAY OF <u>June</u> 19 <u>94</u> <u>Betty Knowles</u> <small>notary public</small> <u>June 17, 1997</u> <small>date commission expires</small>  <small>Notary Seal</small>		SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u> AND THE STATE OF <u>Tennessee</u> THIS <u>10<sup>th</sup></u> DAY OF <u>June</u> 19 <u>94</u> <u>Betty Knowles</u> <small>notary public</small> <u>June 17, 1997</u> <small>date commission expires</small>  <small>Notary Seal</small>	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT.....		\$ <u>4,110.64</u>	
b. TOTAL RECEIPTS THIS PERIOD.....		\$ <u>100.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD.....		\$ <u>1,271.74</u>	
d. BALANCE ON HAND (12a. plus 12b. minus 12c.).....		\$ <u>2,938.90</u>	
e. TOTAL LOANS OUTSTANDING.....		\$ <u>- 0 -</u>	
f. TOTAL OBLIGATIONS OUTSTANDING.....		\$ <u>- 0 -</u>	



## SUMMARY PAGE

<b>13. NAME OF CANDIDATE OR COMMITTEE (In Full)</b> <u>W.F. (Bill) KNOWLES</u>	<b>14. REPORT COVERING THE PERIOD</b> FROM: <u>4/24/94</u> TO: <u>6/14/94</u>	
<b>RECEIPTS</b>		
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period).....	\$ <u>100.00</u>	
b. Itemized Contributions (over \$100 from each source this period).....	\$ <u>-0-</u>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15a. and 15b.).....	\$ <u>100.00</u>	
16. LOANS RECEIVED THIS REPORTING PERIOD.....	\$ <u>-0-</u>	
17. INTEREST RECEIVED THIS REPORTING PERIOD.....	\$ <u>-0-</u>	
18. TOTAL RECEIPTS (add 15c., 16., and 17.) (must be shown in item 12b.).....	\$ <u>100.00</u>	
<b>DISBURSEMENTS</b>		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period)(must be listed by category - e.g. printing, postage, gasoline)		
<u>DONATIONS, TICKETS ETC</u>	\$ <u>911.50</u>	
<u>BOOKS &amp; TAPE</u>	\$ <u>66.75</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total of Expenditures (\$100 or less each payee).....	\$ <u>978.25</u>	
b. Itemized Campaign Expenditures (Over \$100 each payee this period).....	\$ <u>139.82</u>	
c. Itemized Other Expenditures (Over \$100 each payee this period).....	\$ <u>153.67</u>	
d. TOTAL EXPENDITURES (other than loan repayments)(add 19a., 19b., and 19c.).....	\$ <u>1271.74</u>	
20. LOAN REPAYMENTS MADE THIS PERIOD.....	\$ <u>-0-</u>	
21. TOTAL DISBURSEMENTS (add 19d. and 20.) (must be shown in item 12c.).....	\$ <u>1271.74</u>	
<b>22. IN-KIND CONTRIBUTIONS</b>		
a. Unitemized in-kind contributions (\$100 or less from each source this period).....		\$ <u>-0-</u>
b. Itemized in-kind contributions (over \$100 from each source this period).....		\$ <u>-0-</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22a. and 22b.).....		\$ <u>-0-</u>
<b>23. LOANS</b>		
LOANS OUTSTANDING (must be shown in item 12e.).....		\$ <u>-0-</u>
<b>24. OBLIGATIONS</b>		
a. Unitemized Obligations Outstanding (\$100 or less each).....		\$ <u>-0-</u>
b. Itemized Obligations Outstanding (Over \$100 each).....		\$ <u>-0-</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 24a. and 24b.) (must be shown in item 12f.).....		\$ <u>-0-</u>



## ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
	FROM:	TO:
		Amount
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION		
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
Full Name, Address, City, State and Zip Code of Payee		Amount
5. TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in item 15b. of summary page.)		



## ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION			
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee <i>N/A</i>			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
Full Name, Address, City, State and Zip Code of Payee			Amount
5. TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in item 15b. of summary page.)			



# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
		Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED IN-KIND CONTRIBUTION			
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
	N/A		
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Total of items 3. and 4.)			
(Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in item 22.b. of summary page.)			



# ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
		Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)			
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of campaign expenditures, this amount must be shown in item 19b. of summary page.)			



# ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>William F. (Bill) Knowles</b>		2. REPORT COVERING THE PERIOD FROM: <b>4-24-94</b> TO: <b>6-14-94</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)		Amount <b>— 0 —</b>	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee <b>WAL-MART HIGHWAY 153 CHATTA-TN 37443</b>	Purpose of Expenditure <b>CAMERA, SUPPLIES WILL USE AT POLITICAL FUNCTIONS &amp; COUNTY CLERK PROTECTS.</b>	Amount <b>139.82</b>	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of campaign expenditures, this amount must be shown in item 19b. of summary page.)		<b>\$139.82</b>	



**ITEMIZED STATEMENT OF OTHER EXPENDITURES—CANDIDATE**  
(EXPENDITURES OTHER THAN CAMPAIGN EXPENDITURES)

1. NAME OF CANDIDATE OR COMMITTEE <i>W. F. (Bill) Knowles</i>		2. REPORT COVERING THE PERIOD FROM: <i>4-24-94</i> TO: <i>6-14-94</i> Amount <i>\$139.82</i>	
3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)			
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee <i>ART CREATIONS 201 FRAZIER AVE CHATTA.TN. 37405</i>	Purpose of Expenditure <i>FRAMING OF NEWS ARTICLES</i>	Amount <i>\$153.67</i>	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED OTHER EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of other expenditures, this amount must be shown in item 19c. of summary page.)		<i>\$153.67</i>	



# ITEMIZED STATEMENT OF OBLIGATIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING PERIOD		
		FROM:	TO:	
<b>COMPLETE ITEMS 3—7 FOR EACH ITEMIZED OBLIGATION</b>				
3. Full Name, Address, City, State and Zip Code of Creditor	4. Outstanding Balance at Beginning of Period	5. Amount of Debt Incurred This Period	6. Payment This Period	7. Outstanding Balance at End Of Period
Description of Obligation				
Description of Obligation				
Description of Obligation				
Description of Obligation	N/A			
Description of Obligation				
Description of Obligation				
Description of Obligation				
Description of Obligation				
<b>TOTALS (Items 4—7)</b> (Total of Item 7 must be shown in Item 24b. of summary page.)				

